PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark (Rick, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unlessleaves a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/820,416			ing Date 07/2004	To be Mailed
APPLICATION AS FILED — PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
H	FOR	N	<del></del>		MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (i)		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	06/17/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	* 25	Minus	<b></b> 29	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	• 3	Minus	•••6	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	=	l	x \$ =		OR	x s =	
M	Independent (37 CFR 1,16(h))		Minus	***	-	1	x \$ =		OR	x \$ =	
핇	Application Size Fee (37 CFR 1.16(s))								]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. The column 2 is less than the entry in column 3. The "1" if the "Highest Number Previously Praid For" IN THIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Praid For" IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Praid For" IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS